

514 West Liberty Street, Suite 106 Louisville, KY 40202-2324 Phone: 502 574-6869

Fax: 502 574-5299 www.rjlouisville.org

Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

Date of Request: 6-10-2-13	Case Number: <u>00247563-001</u>
Referring Agency: <u>Jefferson County Juvenile Cour</u>	t Restitution Amount:
Person Referring	Diversion 🔀 Probation 🗌
Phone Number	Next Court Date: N/A
Please include any of the applicable items: citation, victim statement, statement of loss, teacher statement, petition or any other pertinent information	
Victim Information (voc.	additional forms for moultiple vietimes)
·	additional forms for multiple victims)
·	y Jennifer Cave, Asst. Principal
Address: <u>121 West Lee Street, Louisville KY</u>	
	Email Address: <u>Jennifer.Cave@jefferson.kyschools.us</u>
Male 🗌 Female 🔀	Date of Birth
If under age eighteen (18), parent/guardian name and address:	
Offender Information (use separate form for each offender)	
Name:Terrell D. Bolden	
Address:3724 Wamen Avenue, Louisville,	KY 40215
Home Number: Cell Number	r: <u>408-4453</u> Email Address:
Male 🔀 🛘 Female 🗌	Date of Birth:01/07/2001
If under age eighteen (18), parent/guardian name ar	nd address:Tawanda Fish at same address
Date of Offense: <u>5/4/2013</u> Was a citation issue	d? Yes No Officer: Sgt. Shawn Abma (574-3701)
Summary of offense and nature of damages: (attach	a copy of the petition and, if appropriate, the citation.)
	2:23pm above subject was observed activating the fire alarm emergency evacuation of the second run bus riders, special s. Subject observed on video and admitted act.